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## COVERED SERVICES AND LIMITATIONS

### GENERAL INFORMATION ON EPSDT SERVICES

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was established by Congress in 1967. Federal law (42 CFR § 441.50 et seq) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services at no cost to the enrollee.

#### Medicaid/FAMIS Plus

EPSDT is the benefit package for Medicaid/FAMIS Plus enrollees under 21 years of age. EPSDT is available to all enrollees under the age of 21 enrolled in Managed Care Organizations, MEDALLION, or Fee-for-Service (FFS) Medicaid.

#### FAMIS

Most children enrolled in the FAMIS Program are not eligible for EPSDT treatment services. Children who are eligible for the FAMIS program must enroll with a Managed Care Organization (MCO) in most parts of the state. Although FAMIS enrollees receive well child visits, they are not eligible for the full EPSDT treatment benefit. The EPSDT treatment benefit is available to those FAMIS Fee-for-Service enrollees under the age of 19 when there is no MCO available in their geographic area.

#### Medicaid/FAMIS Plus Benefits in the DMAS Fee-for-Service and Managed Care Organization (MCO) Programs

DMAS, its contracted MCOs and their providers have the responsibility to provide EPSDT diagnostic and treatment services according to the DMAS periodicity schedule to all Medicaid/FAMIS Plus enrollees under age 21. The full scope of EPSDT treatment is available to all children of Medicaid/FAMIS Plus regardless of their chosen MCO. Therefore, the EPSDT benefit is consistently available to all children enrolled in Medicaid/FAMIS Plus. The EPSDT screenings, treatment, and diagnostic benefits are the same whether they are provided through the enrollee's MCO provider network or through FFS provider network.

#### EPSDT Goals

The goals of EPSDT are to identify health concerns, assure that treatment is provided before problems become complex, and to medically justify that services are provided to treat or correct identified problems.

Defining each word in the title of the program will help to explain the concept of EPSDT:

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**Early** – means as soon as possible in the child’s life or as soon as the child’s eligibility for assistance has been established.

**Periodic** – means at intervals established for screening by medical, dental and other health care experts. The types of procedures performed and their frequency will depend on the child’s age and health history. The required minimal frequency for screenings is outlined.

**Screening** – is the use of quick, simple procedures to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive study of their physical and mental problems.

**Diagnosis** – is the determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history; physical, developmental, and psychological examination, and laboratory tests and x-rays. Physicians who do EPSDT screenings may diagnose and treat health problems discovered during the screening, or they may refer the child to other appropriate sources for such care.

**Treatment** – is any medically necessary treatment service required to correct or ameliorate defects and physical and mental illnesses and conditions discovered during a screening examination. Any treatment service which is not otherwise covered under the State’s Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by DMAS as medically necessary.

EPSDT services include: screening/well child check-ups (EPSDT/Periodic screenings), sick visits (Inter-periodic Screenings), and treatment services to correct a medical condition, make it better, or prevent the child’s health status from worsening.

The required EPSDT services under Section 1905(r) of the Social Security Act that are available to Medicaid enrolled children under age 21 are described below.

## 1. Screening Services

Required EPSDT screening components include:

- A comprehensive health and developmental history (including assessment of both physical and mental health development);
- A comprehensive unclothed physical exam;
- Vision screening by a standardized testing method according to the DMAS periodicity schedule;
- Hearing screening by a standardized testing method according to the DMAS periodicity schedule;
- Developmental screening with a standard screening tool according to the American Academy of Pediatrics guidelines;
- Age appropriate immunizations as needed according to the Advisory Committee on Immunization Practices (ACIP) guidelines;

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- Laboratory tests (including lead blood testing at 12 and 24 months or for a new patient with unknown history up to 72 months or as appropriate for age and risk factors);
- Health Education/Anticipatory Guidance/problem-focused guidance and counseling.

The chart below indicates when a child should receive an EPSDT screening:

<b>INFANCY</b>	<b>EARLY CHILDHOOD</b>	<b>LATE CHILDHOOD</b>	<b>ADOLESCENCE</b>
1 month	15 months	5 years	12 years
2 months	18 months	6 years	14 years
4 months	2 years	8 years	16 years
6 months	3 years	10 years	18 years
9 months	4 years		20 years
12 months			

The “EPSDT Screening Services” section located within this chapter provides detailed EPSDT screening information.

## **2. Vision Services**

- Vision services are provided at intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized medical organizations involved with child health care.
- Vision services are provided at other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and a minimum must include diagnosis and treatment for defects in vision, including eyeglasses.

## **3. Dental Services**

- Dental services are provided at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care.
- Dental services are provided at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition.
- Dental services must at a minimum include relief of pain and infection, restoration of teeth, and maintenance of dental health.

## **4. Hearing Services**

- Hearing services are provided at intervals which meet reasonable standards of medical practice, as determined by the State after consultation with recognized

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medical organizations involved in child health care.

- Hearing services are provided at such intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition.
- Hearing services, at a minimum, must include diagnosis and treatment for defects in hearing, including hearing aids.

#### Other Necessary Health Care, Diagnostic Services and Treatment Services

As with all Medicaid services, any limitation that the state imposes on EPSDT services must be reasonable and the benefit provided must be sufficient to achieve its purpose. In addition, the state must provide other necessary health care, diagnostic services, treatment and other measures listed in the Federal Medicaid statute, to correct and ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not they are covered in the state Medicaid plan.

The state may determine the medical necessity of the service and subject the service to prior authorization for purposes of utilization review.

#### Outreach and Informing

Federal EPSDT regulations provide that all eligible Medicaid recipients under age 21 and their families be informed of the nature and availability of EPSDT services and how to access them. Informing is accomplished through a number of outreach activities including face-to-face discussions, telephone conversations, and written communications. The purpose of outreach is to increase EPSDT screening participation.

Outreach and informing is the joint responsibility of DMAS, the Department of Social Services (DSS) as well as participating HMOs, primary care physicians (PCPs) and EPSDT screening providers.

DSS provides information about EPSDT services to Medicaid applicants during the initial eligibility interview including the following:

- Inform families of the benefits of regular preventive health care for their children;
- The range of services available, and how to obtain these services;
- The services are provided at no cost to them; and
- Necessary transportation and appointment scheduling assistance is available through the DMAS Managed Care Help Line (1-800-643-2273).

DMAS provides new Medicaid enrollees with an EPSDT brochure describing the services and how to access them. The Managed Care Help Line staff informs recipients of EPSDT services and encourages them to contact their primary care physician or a Medicaid enrolled EPSDT provider as soon as possible to schedule screening appointments for their children. DMAS also

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sends periodic mailings to all Medicaid enrolled families to encourage their participation in EPSDT.

HMO informing and outreach responsibilities must include, at a minimum, promotion of EPSDT for new enrollees, including urging them to contact their primary care provider to schedule an initial screening, a clear description of EPSDT services in the member handbook and ongoing member education services encouraging participation in these services.

MEDALLION primary care physicians must promptly contact new Medicaid MEDALLION enrollees assigned to their panel of patients to discuss the benefits of preventive health care and schedule the child’s initial EPSDT screening within thirty (30) days.

## **EPSDT SCREENING SERVICES**

### Qualified EPSDT Screening Providers

Qualified providers of EPSDT screening services include:

- A physician licensed by the Board of Medicine;
- A physician assistant licensed by the Board of Medicine under supervision as required by their license;
- A nurse practitioner licensed by the Board of Nursing under supervision by a licensed physician;
- Federally Qualified Health Centers (FQHCs);
- Rural Health Clinics (RHCs);
- Local health departments;
- School based clinics; and
- Other DMAS approved clinics

EPSDT providers must be Medicaid enrolled providers and must meet all applicable Medicaid provider and specific EPSDT screening requirements. There are no additional enrollment requirements for qualified providers to participate in EPSDT.

### The Primary Care Physician’s Role in Screening

The majority of Medicaid recipients eligible for EPSDT services in Virginia are enrolled in the MEDALLION program or in HMOs. PCPs participating in MEDALLION must provide or arrange for screenings to all Medicaid patients who are under the age of 21 in their panels. PCPs for children in HMOs must directly provide EPSDT services for all children assigned to them. Those children who are not enrolled in managed care may obtain these services from any Medicaid enrolled physician or clinic qualified to provide EPSDT services and also offers these services. These qualified Medicaid enrolled fee-for-service EPSDT providers must follow the same requirements indicated in this manual. The Managed Care Help Line maintains a list of these providers. There are no special enrollment procedures for recipients to access EPSDT services.

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The MEDALLION PCP, HMO PCP, or EPSDT screening provider for non-MEDALLION and non-Medallion II recipients, must perform the following activities related to screening services:

- Advise families of the importance of regular preventive health care for their children and explain EPSDT services.
- Provide or arrange for initial and periodic EPSDT preventive health screenings according to the DMAS periodicity schedule and screening requirements.
- Assure that the initial screening is scheduled within thirty (30) days of notification of managed care assignment and immediately upon notification of newly assigned newborns unless the services are declined.
- Notify families when the next screening is due including those families who have previously declined screening services and encourage them to keep all screening appointments.
- Schedule the next screening appointment and maintain periodicity and tracking system on screenings.
- Follow up on missed or incomplete screenings including contacting families and rescheduling the screenings promptly.
- Coordinate care for children referred to other qualified providers for screening services and specialty care and obtain results of the screenings and other health care services.
- Maintain a comprehensive and integrated medical record of all health care the child receives including complete documentation of all EPSDT screening components and immunizations given.

HMOs may assume responsibility for some of the informing, tracking and notifying functions of PCPs. One of the primary goals of DMAS’ managed care programs is to promote a “medical home” for children so that recipients under the age of 21 receive both sick and well care from their PCP rather than seek episodic care from an emergency room. Therefore, DMAS strongly encourages MEDALLION PCPs to directly provide EPSDT services to the children in their panels. A PCP who chooses not to directly provide screening services must enter into a formal written agreement with a local health department, FQHC, or other qualified EPSDT provider to provide screening services to children in his panel. The referral duration will be at the discretion of the provider, and must be fully documented in the patient's medical record. “Exhibits” at the end of this chapter contains an optional referral form for this purpose. Regardless of the screening arrangements, the PCP must continue to be responsible for the informing, tracking, follow-up and documentation requirements of EPSDT.

#### The EPSDT Screening Periodicity Schedule

EPSDT screenings are Medicaid’s well child visits and should occur according to the DMAS

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periodicity schedule included as Appendix 1 under “Exhibits” at the end of this chapter. Providers must obtain a medical history that is inclusive of mental health risk factors and documents the family’s history of mental health conditions.

The PCP or other screening provider must perform screenings on an outpatient basis including age appropriate immunizations on time at the ages shown. For example, the screening due when the child is six months old must be performed after he or she has reached the age of six months, but before the child reaches seven months of age. The screening scheduled for three years of age must be performed between the child’s third and fourth birthdays. The PCP or other screening provider is obligated to follow the periodicity schedule and the specific protocol for each age group.

Federal EPSDT regulations require that States establish distinct periodicity schedules for medical, vision, hearing and dental screenings. The vision and hearing periodicity schedule has been combined with the medical screening schedule and should be completed during the same medical visit, if possible. The PCP, other screening provider or HMO must refer children three (3) years of age and older for a complete dental screening by a Medicaid enrolled dentist. The Managed Care Help Line provides assistance on accessing dental services.

#### Scheduling Initial and Periodic Screenings

The PCP or other screening provider must ensure that the appointments scheduled for the initial and periodic screenings are timely. Initial screenings must be scheduled immediately on newborns. The screening provider must schedule all other initial screenings within **thirty (30) days** of notification of managed care assignment unless the family declines the services. The PCP or other designated screening provider must contact the family to schedule the initial appointment for an EPSDT screening. The PCP or HMO must maintain a screening periodicity tracking system on children seen for initial screening to ensure that the next screenings due are scheduled timely and families are contacted when next periodic screenings are due.

The PCP or other screening provider must follow up on missed appointments. If the child fails to keep the scheduled appointment, or the family fails to contact the provider to reschedule, a second appointment letter or telephone contact must be made providing the child another opportunity to be screened within thirty (30) days of the initial appointment. **Two (2) good faith efforts** are required to reschedule a screening appointment. A good faith effort is a successful contact by telephone or letter to the parents. Failure of the family to keep the second appointment and respond to the provider’s attempted contact is considered a declination of that screening only. The provider must continue to maintain periodicity and schedule the child for the next screening due following the same process.

There are several exceptions to these screening timeliness requirements.

- **Initial screenings** - The initial screening time scheduled by the PCP or other screening provider may not correspond exactly to the periodicity schedule. After the initial screening, the subsequent periodic screenings must be performed on schedule.
- **Off-schedule screenings** - If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring him or her up-to-date at the earliest

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possible time.

- **Interperiodic screenings** - These are screenings that are provided outside of and in addition to the regular periodic screenings in the periodicity schedule. For example, the PCP may choose to screen adolescents ages 11-20 more in accordance with the AAP schedule rather than biannually as required by the DMAS periodicity schedule.

Any medical provider or a qualified health, developmental or educational professional who comes in contact with the child outside of the formal health care system may request that an interperiodic screening be performed by the PCP or other screening provider. Examples of organizations whose professionals might make these requests include early intervention programs, Head Start, day care programs and WIC. In addition, the recipient or family may request an interperiodic screening at any time.

- **Partial screening** - Partial screenings are incomplete screenings in which one or more screening components is provided. The components that make up a complete screening are listed below and on the EPSDT periodicity schedule. If the child is uncooperative, the parent(s) refuse to allow a component, the provider is unable to obtain a necessary specimen, or there are medical contraindications for providing a required component and a complete physical examination is performed during the visit, the screening will be considered complete for billing purposes. The child must be re-scheduled at the earliest opportunity to complete the other screening components.

**Additional medically necessary EPSDT screenings, interperiodic screenings or partial screenings described above are not subject to prior authorization requirements. However, screenings not performed by the child’s PCP require a referral from the PCP or a formal written agreement with another qualified screening provider if the child is enrolled in MEDALLION. Children not enrolled in managed care are not subject to this referral requirement.**

#### EPSDT Screening Components

This Section describes the required components of EPSDT screenings. Regardless of the health care delivery system (whether MCO or FFS), the comprehensive health screening/well child visit content should be in line with the most current recommendations of the **“American Academy of Pediatrics (AAP), Guidelines for Health Supervision”**. Another resource for preventive health guidelines is the AAP compatible **“Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents”**. All components of EPSDT screenings, including specimen collection, must be provided during the same screening visit.

The following is a description of each of the required age appropriate screening components:

#### Comprehensive Health and Developmental/Behavioral History

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At the initial screening, the screening provider must obtain a comprehensive health, developmental/behavioral, mental health and nutritional history from the child’s parents or a responsible adult familiar with the child, or directly from an adolescent, when appropriate. This history should be gathered through an interview or questionnaire. A comprehensive initial history includes a review of the:

- Family medical history (health of parents and current family members, identification of family members with chronic, communicable or hereditary diseases);
- Patient medical history (prenatal problems, neonatal problems, developmental milestones, serious illnesses, surgeries, hospitalizations, allergies and current health problems and medications);
- Nutritional history;
- Immunization history;
- Environmental risk (living conditions, water supply, lead, sewage, pets, smokers in home);
- Family background of emotional problems, problems with drinking or drugs or history of violence or abuse; and
- Patient History of behavioral and/or emotional problems (educational environment and performance, family and social relationships, hobbies, sports).

In addition, for all adolescent children, the initial history must include:

- History of sexual activity, if appropriate
- Menstrual history for females
- Obstetrical history, if appropriate

The history must be updated at each subsequent screening visit to allow serial evaluation.

#### Developmental Assessment and Screening

Developmental issues and milestones are subjectively observed during each well child visit just as hearing and vision ability is subjectively observed by the practitioner. This practice is referred to as “surveillance”. Surveillance services are always a subjective observation by the practitioner. Reimbursement for well child visits includes surveillance activities because developmental, hearing and vision surveillance occurs during the course of each EPSDT visit. When a child has an issue that warrants further investigation by the practitioner, then the child may receive a screening to document the need for further assessment or evaluation.

Developmental surveillance and/or assessment must be provided at each well child visit. When necessary, the EPSDT visit should incorporate the use of a standardized developmental

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screening tool for children under three years of age, as described in the 2006 policy statement of the AAP, “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening.”

Assessment and screening is a reimbursable service when a standard screening tool is used. Assessment and screening differs from surveillance because the activity uses an objective measurement tool. The tools used may vary according to the type of screening or assessment that is provided. An example of a reimbursable screening or assessment is the use of the Ages and Stages Questionnaire during a well child visit in order to assess for developmental delays.

A child age three (3) years of age and older must be referred to the local school system special education department for a developmental/psychological evaluation if he or she meets criteria for referral as defined by the objective test taken or exhibits any of the following behavior:

- Developmental delays
- History of poor school performance
- Poor social adjustment
- Emotional or behavioral problems.

A child who meets the above criteria may also be referred to the local behavioral health agency/Community Services Board or other qualified Mental Health Providers if school is not in session. A child younger than age three who exhibits developmental delay or a diagnosed condition that may result in developmental delay must be referred to Infant & Toddler Connection of Virginia ([infantva.org](http://infantva.org)), Virginia’s early intervention program. Contact information for Infant & Toddler Connection of Virginia is located in the “Other Related Programs” section of this chapter.

### Comprehensive Unclothed Physical Examination

A complete unclothed physical examination must be performed at each screening visit. The examination must be conducted using observation, palpation, auscultation and other appropriate techniques using the criteria for specific age groups described in the latest edition of the AAP *Guidelines for Health Care Supervision*. The examination must include all body parts (or areas) and systems listed below:

- Cranium and face
- Hair and scalp
- Ears
- Eyes
- Nose
- Throat
- Mouth and teeth
- Neck
- Skin and lymph nodes
- Chest and back (using a stethoscope) to check for heart and lung disorders)
- Abdomen
- Genitalia

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- Musculoskeletal system
- Extremities
- Nervous system

The examination must include screening for congenital abnormalities and for responses to voices and other external auditory stimuli. Evaluation of the Tanner stage and scoliosis screening must be included as part of the complete physical examination at each screening visit beginning at age ten.

In addition, the height (or length) and weight of the child must be measured. When examining a child two (2) years of age and younger, the provider must measure the child’s occipital-frontal circumference. All measurements must be plotted on age-appropriate, standardized growth grids and evaluated.

Evaluation of growth and laboratory measures is useful for assessing nutritional status. Assessing eating habits in relationship to developmental stage is also important. If dietary or nutritional problems are identified, a referral to the appropriate professional should be made.

For children three and above, the physical examination must include blood pressure measurement.

As part of the physical examination, excessive injuries or bruising that may indicate inadequate supervision or possible abuse must be noted in the child’s medical record. If there is suspicion or evidence that the child has been abused or neglected, State law requires medical professionals to promptly report it to the Department of Social Services’ Hotline 1-800-552-7096 (*Code of Virginia* Section-63-248.3).

### Immunizations and Laboratory Tests

Age appropriate immunizations should be provided according to the Advisory Committee on Immunization Practices (ACIP) guidelines. All “catch up” schedules for missed vaccines should follow ACIP guidelines.

The child’s immunization status must be reviewed from the child’s medical record and interview with the parent at each screening visit. If the immunization history is based on the verbal report of the parents or other responsible adult, the information must be confirmed and properly documented, indicating the source.

Age-appropriate immunizations that are due must be administered during the screening visit. Immunizations given to a child during a screening visit may be billed separately. PCPs and other medical screening providers are required to participate in the Virginia Vaccines for Children (VFC) Program and provide necessary immunizations and information about the benefits and risks of immunizations as part of EPSDT screenings. The PCP and screening provider must ensure that every child is immunized according to the current Childhood Immunization Schedule approved by ACIP and AAP. A parent’s refusal to allow immunizations must be documented by a statement in the child’s medical record that is signed and dated by the parent. If a condition is identified during the screening that warrants deferral of necessary immunizations to a later date, the progress notes in the medical record must so indicate. The provider must follow up to

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reschedule the child to catch up on immunizations at the earliest possible opportunity.

Age appropriate immunizations are a federally required screening component. The provider must not submit a claim for a complete screening unless all required components that are due are administered and documented including appropriate immunizations according to age and history (unless medically contraindicated or the parents refuse at the time). Failure to comply with or properly document this screening requirement must constitute an incomplete screening and may result in denial of payments.

### Laboratory Procedures

Age-appropriate laboratory procedures must be performed at intervals in accordance with the EPSDT screening periodicity schedule and AAP guidelines. Lead testing must occur at 12 months and at 24 months of age. When the child is a new enrollee, lead testing is mandated under the age of 6 if there is no medical record to indicate that a lead test was previously administered. Other lab tests such as urinalysis, hematocrit, or hemoglobin tests are required at the AAP recommended intervals. Documentation of such testing is necessary for admission into programs such as Head Start. Head Start programs follow the EPSDT screening guidelines as guidance for their admission policies.

The screening provider may bill for these laboratory procedures separately from the screening. Specimen collection should be performed in-house at the screening visit. PCPs or other screening providers should avoid sending a child to an outside laboratory to have blood drawn or to obtain the necessary specimen.

The screening provider must comply with the Clinical Laboratory Improvement Amendments Act of 1988 commonly known as “CLIA”. The provider must possess a certificate of registration or a certificate of waiver.

### **EPSDT Requirements for Lead Testing**

As part of the definition of EPSDT services, the Medicaid Statute requires coverage for children to include both screening and blood lead tests as appropriate, based on age and risk factors. The Centers for Medicare and Medicaid Services (CMS) requires that all Medicaid enrolled children receive a blood test at 12 months and 24 months of age. Children enrolled in Medicaid between the ages of 24 months and 72 months of age must also receive a blood lead test. The medical record will be deemed insufficient if the recipient has not been previously screened.

### **Required Physician Activities for EPSDT Lead Screening**

- Take careful history regarding possible lead exposure at each routine visit.
- A child must be tested if the parent or guardian requests testing due to possible exposure.
- Provide nutrition and risk reduction educational materials for parents (see the 2002 CDC Case Management Manual available on the Centers for Disease Control and Prevention web page, <http://www.cdc.gov/nceh/lead/lead.htm>, or the VDH Lead-Safe Virginia web page, <http://www.vahealth.org/leadsafe/index.htm>).

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- Testing may be performed by venipuncture or capillary. Filter paper methods are also acceptable. The use of handheld testing machines must be approved through the Lead-Safe Virginia Program to assure proper quality assurance and reporting of data.
- Confirm elevated capillary blood lead levels  $\geq 10$   $\mu\text{g/dL}$ .
- A second capillary sample for confirmation is allowable if performed within 12 weeks (84 days) of the original capillary sample.
- A venous sample is considered “confirmed.” If the venous sample indicates levels are at or above 15  $\mu\text{g/dL}$ , an environmental lead investigation is warranted.

If result of screening test ( $\mu\text{g/dL}$ ) is:	Perform diagnostic test on venous blood within:
10-19	3 months
20-44	1 month - 1 week*
45-59	48 hours
60-69	24 hours
70 or higher	Immediately as an emergency lab test

Lead-Safe Virginia provides clinical guidance for the management of children with elevated venous blood levels. The Lead-Safe Virginia Program provides treatment and/or follow-up advice through their free Medical hotline at 1-866-767-5323 (1-866-SOS-LEAD). The hotline is operated at the University of Virginia and is available 24 hours a day, seven days a week. Providers with questions about environmental lead testing may contact Lead-Safe Virginia toll-free at 1-877-668-7987. Providers may also email Lead-Safe Virginia at [leadsafe@vdh.virginia.gov](mailto:leadsafe@vdh.virginia.gov).

Primary care physicians (PCPs), MCOs, and other screening providers must work with the local health department to assure the following services are provided for children with EBL:

- Nutritional and environmental hazard reduction counseling;
- Developmental assessment and physical examination when appropriate (per CDC guidance); and
- Environmental investigations for children who have blood lead levels above 15  $\mu\text{g/dL}$ .

### Lead-Safe Virginia Guidelines

Virginia regulations for “testing children for elevated blood lead levels” (12 VAC 5-120) requires that labs report ALL blood lead tests on children under the age of six within 10 days of analysis. Virginia “Reportable Disease” regulations also require the reporting of all “elevated” blood lead levels (EBL) on all ages using the EP-1 Form to the Office of Epidemiology at VDH. This form can be found on the VDH web site at [www.vdh.virginia.gov/epi/epi1.pdf](http://www.vdh.virginia.gov/epi/epi1.pdf).

### Inappropriate Use of Division of Consolidated Laboratories

DMAS-enrolled physicians and health departments have previously sent lab tests to the Division of Consolidated Laboratory Services (DCLS) for lead testing analysis. Funding is provided to DCLS by the CDC for the analysis of tests for individuals who do not have insurance coverage

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for this service.

As of July 1, 2005, DCLS is not allowed to use CDC funds to provide lead screening/testing on children that are eligible for Medicaid or other insurance coverage. It is still appropriate to send blood lead tests to DCLS for children with no insurance and no ability to pay.

A list of Medicaid-enrolled lab providers may be found by contacting the DMAS Provider HELPLINE, or by accessing the DMAS web site at <http://www.dmas.virginia.gov/>. For clients enrolled in MCOs, LabCorp is a contracted provider for all MCOs. Providers should contact individual MCOs for a complete list of laboratory providers and locations.

### **Medicaid Funded Environmental Investigations**

Environmental investigations are a service offered by Medicaid through Lead-Safe Virginia. Environmental investigations are reimbursed to DMAS-enrolled health departments. Medicaid funds are not available for the testing of environmental substances such as water, paint, or soil. Please consult with the local health department or contact Lead-Safe Virginia to see if a patient qualifies for a risk assessment. For information about what an environmental lead investigation includes, go to <http://www.vahealth.org/leadsafe/news/lpp.htm>. Individuals in an MCO who are in need of an environmental investigation will be referred to their local health department as this service is carved out of the MCO coverage.

### **Reminder Notifications to Recipients and Providers**

DMAS has revised the EPSDT birthday cards to include lead testing requirements and information for families about their upcoming well child appointments. The cards will be sent to all Medicaid-eligible recipients, including those enrolled in a MCO, under the age of 6. Follow-up notices will also be sent to the providers who have not billed a lead test as part of the relevant EPSDT screening to remind them that a test is required.

For more information about blood lead testing and lead exposure, consult the following resources:

Lead-Safe Virginia:

<http://www.vahealth.org/leadsafe/index.htm>

Environmental Protection Agency (EPA):

<http://www.epa.gov/opptintr/lead/index.html>

CDC Childhood Lead Poisoning Prevention Program and Journals of the American Medical Association Vol. 152, No.5, May 1998: A Community Outreach Lead Screening Program Using Capillary Blood Collected on Filter Paper:

<http://www.cdc.gov/nceh/lead/lead.htm>

Alliance for Healthy Homes:

<http://www.afhh.org>

Coalition To End Childhood Lead Poisoning:

<http://www.lead-safe.org/index.htm>

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The National Lead Information Center (NLIC):

<http://www.epa.gov/lead/nlic.htm>

### **Additional Laboratory Procedures**

In addition to the lead toxicity screening, the following procedures on laboratory tests are required:

#### Neonatal Screening

The screening provider must review the results of the newborn metabolic screening for phenylketonuria, hypothyroidism, galactosemia and other disorders performed prior to hospital discharge.

#### Sickle Cell Screening

The screening provider must review the results of the sickle cell screening performed prior to hospital discharge on the appropriate population. A sickle cell preparation must be done at the six (6) month old visit if indicated in accordance with AAP guidelines.

#### Anemia Screening

Iron deficiency anemia screening involving taking hematocrit or hemoglobin values through a finger prick or venous blood sample must be performed at screening visits in accordance with AAP guidelines.

Anemia screening, is a Medicaid reimbursable service, and should be administered more frequently if medically indicated. The results can be shared with the patient's written consent if the certification is needed for the Supplemental Nutrition Program for Women, Infants and Children (WIC).

#### Urinalysis

A dipstick urinalysis for leukocytes must be performed at screening visits in accordance with AAP guidelines.

### Anticipatory Guidance

Health Education, also called "Anticipatory Guidance", and problem focused guidance and counseling are provided at each well child visit according to developmental needs and with respect to patient cultural backgrounds and literacy levels.

The **Bright Futures** program has family friendly materials that provide useful anticipatory guidance information and age appropriate safety and parenting tips. For more information on Bright Futures, go to the web based training module at <http://www.vahealth.org/brightfutures/index.asp>. DMAS endorses **Bright Futures** and **Bright Futures Virginia**.

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## Hearing and Vision Screening and Surveillance

### **Subjective**

The subjective screening for hearing and vision is part of the comprehensive history and physical examination. Children’s hearing is assessed according to the AAP policy for “Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening”. Children’s vision assessment should be provided according to the AAP policy for “Eye Examination in Infants, Children, and Young Adults by Pediatricians”. Hearing and Vision screenings follow the most current AAP periodicity schedule as stated in the AAP “Recommendations for Preventive Pediatric Health Care”.

The Virginia Early Hearing Detection and Intervention (EHDI) program, the AAP, and the American Speech-Language-Hearing Association provide information on objective hearing screening methods for infants and toddlers.

The EHDI program has a resource, Protocols for Medical Management, that defines best practices for caring for infants and young children who are in need of follow-up from universal newborn hearing screening programs and for children who are found to have hearing loss. The Early Hearing Detection and Intervention protocols can be accessed the Virginia EHDI Program Web site, <http://www.vahealth.org/hearing/>. Early and consistent intervention specific to hearing loss is essential to achieving normal language development.

Information on vision assessment and surveillance may be found in The American Association for Pediatric Ophthalmology and Strabismus, the American Academy of Ophthalmology, and the American Academy of Pediatrics Section on Ophthalmology.

### **Screening and Testing Using Standardized Methods**

The provision of hearing or vision testing using a standardized instrument during the well child visit is billable on that service day as a distinct service. Hearing and vision testing using a standardized instrument is eligible for reimbursement when performed according to the DMAS periodicity schedule or when required to monitor the progression of hearing or vision loss related to the presence of identified risk factors.

### **Virginia Law Regarding Hearing Screening at Birth**

Virginia law requires that by July 1, 2000, all infants will be given a hearing screening before discharge from the hospital after birth. Those children who did not pass the newborn hearing screening, those who were missed, and those who are at risk for potential hearing loss should be scheduled for evaluation by a licensed audiologist.

### Referral to Dental Screening

Federal EPSDT regulations require a direct referral to a dentist beginning at age three. An oral inspection must be performed by the EPSDT screening provider as part of each physical examination for a child screened at any age. Tooth eruption, caries, bottle tooth decay, developmental anomalies, malocclusion, pathological conditions or dental injuries must be noted. The oral inspection is not a substitute for a complete dental screening examination

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provided through direct referral to a dentist.

The PCP or other screening provider must make an initial direct referral to a dentist when the child receives his or her three-year screening. The initial dental referral must be provided at the initial medical screening regardless of the periodicity schedule on any child age three or older unless it is known and documented that the child is already receiving regular dental care. The importance of regular dental care must be discussed with the family (and child as appropriate) on each screening visit for children three (3) years and older. When any screening, even as early as the neonatal examination, indicates a need for dental services at an earlier age, referral must be made for needed dental services.

### EPSDT Optional Screening Procedures

The following is a description of **optional** screening procedures to be performed on children and adolescents at risk:

#### **Tuberculin Test (Optional)**

Tuberculin testing using the Purified Protein Derivative (PPD) skin test should be performed in accordance with AAP guidelines. The PPD test has replaced the Tyne method.

#### **Cholesterol Screening (Optional)**

Cholesterol and hyperlipidemia screening should be performed at each screening visit beginning at age two in accordance with AAP guidelines.

#### **Sexually Transmitted Disease (STD) Screening (Optional)**

All sexually active adolescents should be screened for sexually transmitted diseases such as chlamydia, gonococci, and syphilis at each screening visit beginning at age 11 through age 20. HIV testing should be performed if requested or if the adolescent is at high risk.

#### **Cancer Screening (Optional)**

A Papanicolaou (Pap) smear should be performed on all sexually active females at each screening visit.

#### **Pelvic Examination (Optional)**

All sexually active females should have a pelvic examination. A pelvic examination and a Pap smear must be offered as part of preventive health maintenance between the ages of 18 and 21.

### **DOCUMENTATION**

The screening provider must retain copies of all screening claims and other Medicaid claims for at least five years from the date of service or as provided by applicable state laws, whichever period is longer. If an audit is initiated within the required retention period, the records must be retained until the audit is completed and every exception resolved. The PCP must maintain complete medical records on all children screened in his or her panel for at least five years from the date of service or as provided by applicable state law, whichever period is longer. Appropriate procedures and systems to ensure confidentiality must be in place. Medical records

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must contain the following information specific to EPSDT screening services:

- Reason for visit, e.g., screening, follow-up, sick visit. (Note the complaint and relevant history).
- The date screening services were performed, the specific tests or procedures performed, the results of these tests and procedures, and the specific staff member who provided the service. Each required component of screening including vision and hearing screening and immunizations must be documented separately. The DMAS-353 in “Exhibits” at the end of this chapter may be used for this purpose.
- Documentation of medical contraindication or a written statement from a parent or a guardian on a child screened for whom immunizations were due and not given and attempts the screening provider made to bring the child up-to-date on immunizations.
- Identification of any screening component not completed, the medical contraindication or other reason why it could not be completed, and attempts the screening provider made to complete the screening.
- Documentation of a medical contraindication or other reason for delay in vision or hearing screening if not performed on the same day as a medical screening.
- Documentation of declination of screening services by parents.
- Documentation of missed appointments and of at least two good faith efforts to reschedule according to the periodicity schedule.
- Referrals made for diagnosis, treatment, or other medically necessary health services for conditions found in screenings and documentation of follow-up done to assure services or treatment were provided within 60 days of the screening.
- Date next screening is due.
- Documentation of direct referral for age-appropriate dental services.

## SPECIAL BILLING INSTRUCTIONS

Virginia Medicaid requires the use of Health Care Financing Administration Common Procedure Coding System (HCPCS/CPT) codes and definitions published in the current edition of the *Physician’s Current Procedural Terminology* (CPT) in billing EPSDT covered screenings. The CPT Manual may be obtained by calling the America Medical Association at 1-900-621-8335. The Health Insurance Claim Form, HCFA-1500 (12-90) must be used to bill for screening services and immunizations. The invoice is completed and submitted according to the instructions provided in the Medicaid *Physician Manual*. Locators 24D and 24H are specific to EPSDT screening claims. **The appropriate procedure modifier is required in locator 24D for each CPT code for screenings. The appropriate indicator “1” is required in locator 24H.**

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MEDALLION referrals from the child’s PCP are required for specialty care and other follow-up health care. Referral providers authorized by a child’s PCP to provide treatment or other health services to that child must enter the **Medicaid Provider Identification Number of the PCP in Locator 17a** of the HCFA-1500 (12-90) in order to be reimbursed. Subsequent referrals resulting from the PCP’s initial referral will also require the PCP’s authorization and the PCP’s Medicaid provider number in this block.

For children enrolled in HMOs, the HMO is responsible for payment of EPSDT screening services.

EPSDT Screening Claims and Billing Information for Medicaid Fee for Service Providers and Managed Care Organizations

This section describes how to claim an EPSDT periodic screening or well-child visit and when to bill for an inter-periodic or problem focused visit in lieu of a well child visit. A list of the Current Procedural Terminology (CPT) codes used to reimburse for well child visit services is included in the “Exhibits” section of this chapter.

**Screening/Well Child Billing Guidance**

- **Complete Well Child/EPSDT Screening:** Bill the appropriate evaluation and management (E&M) code for Preventive Medicine Services (screening) when **all services** included in the procedure code **as described in** the Current Procedural Terminology (CPT) manual are completed and documented. Use the ICD-9-CM diagnosis codes for a “healthy visit”.
- **Incomplete EPSDT Screening:** If screening is incomplete because the child is uncooperative, bill the E&M code for an appropriate office visit and reschedule the child for the next appropriate EPSDT screening/well child visit. Use the ICD-9-CM diagnosis code that defines the child’s health status for this “problem focused” visit.
- **Problem Focused or Interperiodic Screening “Sick Visit”:** These are problem-focused screenings that are used to investigate specific health complaints and to refer children for any type of medical or mental health treatment. Use the ICD9-CM diagnosis code that defines the child’s health status for this visit. The screening provider may not bill for a separate office visit for treatment of the child’s illness or condition on the date a complete screening is billed.

**Billing for Hearing, Vision, and Developmental Screenings during the EPSDT well child or problem focused Visit**

Objective hearing screening (CPT code 92551), vision screening (CPT code 99173), and developmental assessment (CPT code 96110) procedures performed using a standardized screening method on the same date of service as a Preventive Medicine E&M will be reimbursed separately when Modifier 25 is used along with the appropriate E&M code for that visit.

Use the following modifiers, when appropriate as defined by the most recent Current Procedural Terminology (CPT). The recipient’s medical record **must** contain documentation to support the

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use of the modifier by clearly identifying the significant, identifiable service that allowed the use of the modifier.

- Modifier 22 – Unusual Procedural Service: When the service provided is greater than that usually required for the procedure code. Use of this modifier will cause the claim to pend for manual review and requires an attachment to explain the use of the modifier. Physicians should not apply this modifier unless there are unusual situations that warrant manual review.
- Modifier 24 – Unrelated E&M Service by the same Physician during the post-operative period.
- Modifier 25 – Significant, separately identifiable E&M Service on the same day by the same Physician on the same day of the procedure or other services.
- Modifier 59 – Distinct Procedural Service

#### **Billing for Special or Inter-periodic EPSDT Screenings (Medicaid Fee-for-Service Providers)**

- **Missed Screenings** - If a child misses a regular periodic screening, that child may be screened at the earliest possible time to bring the child into compliance with the AAP-recommended periodicity schedule. Providers should follow billing instructions for an EPSDT/Well Child screening.
- **Inter-periodic Screenings** - Screenings may be provided in addition to the regular periodicity schedule screenings for medical evaluation of a specific problem. Inter-periodic screenings may be billed as a sick visit however, it cannot be used to provide a school, Head Start or sports physical when a well child visit was provided earlier that year. If a screening is needed to examine a specific issue or complete a developmental or comprehensive history related to a specific medical issue, then an inter-periodic screening can be provided using the appropriate preventive medicine codes. Any caregiver, medical provider or a qualified health, developmental, or educational professional who comes in contact with the child outside of the formal health care system may request that an evaluative inter-periodic screening be performed. These screenings require a brief narrative justifying the additional inter-periodic screen in the medical record. Providers should submit inter-periodic preventive and objective screening claims with a **22** Modifier to the procedure code, attach the justification statement to the claim and write “**Attachment**” in **Locator 10D** of the CMS 1500 claim form for proper processing.
- **School Entry, Headstart, and Sports Physicals** - Headstart/school entry and participation in athletics often create opportunities to screen children who are not current for Well Child/EPSDT screenings. If the child is **not** current with the Well Child/EPSDT schedule, complete the age appropriate Well Child/EPSDT screen. If the child is current with the Well Child/EPSDT schedule, a request for a Headstart/School Entry or Sports Physical does not justify the need for an inter-periodic medical screening. Providers may document the Well Child/EPSDT screening based on the School Entrance physical forms. However the physical exam is not a covered service when the child is current with his or her well child visit schedule.

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### Billing for Laboratory Tests

The screening provider may bill separately for laboratory tests that are performed as part of the screening and documented in the child’s medical record. DMAS will only reimburse the provider actually performing the service (i.e., physician, independent laboratory, or other facility). The screening provider may bill for incurred handling and shipping charges on the HCFA-1500 (12-90) when the specimens are sent to an outside laboratory.

### Lead Testing Claims Process

A list of lead testing procedure codes is included in the “EPSDT Screening Procedure Codes” exhibit at the end of this chapter. When lead testing is provided during a well child visit or other health care encounter, the EPSDT screener must use the lead testing procedure codes with a “25” modifier in block 24D of the CMS-1500 Claim Form. Independent Laboratories or EPSDT screeners that have an approved laboratory will bill the 83655 code when the lead test is performed. When lead testing is performed in an office setting and no examination is done, claims will reflect only the lead testing or the appropriate specimen handling codes. A comprehensive list of Medicaid-enrolled lab providers may be found by contacting the DMAS Provider HELPLINE, or by accessing the DMAS web site at <http://www.dmas.virginia.gov/>.

When blood lead testing is provided to a client enrolled in a Virginia Medicaid Managed Care Organization (MCO), the provider should follow the MCOs specific billing instructions. Providers should always verify Medicaid eligibility before services are rendered. DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### Billing for Childhood Immunizations

The Federal Vaccines for Children (VFC) Program provides routine childhood immunizations free of charge to Medicaid-eligible children up to age 19. These vaccines are provided to VFC enrolled providers by the Virginia Department of Health (VDH). DMAS requires that PCPs serving children and EPSDT screening providers participate in the VFC program. Providers may enroll in the VFC Program by contacting VDH at 1-800-568-1929. DMAS will not reimburse providers for the acquisition cost of vaccines that are covered under the VFC Program. DMAS reimburses providers for the administration fee for routine childhood vaccines that are available under VFC (up to the age of 19). DMAS will reimburse the provider an \$11.00 administration fee per injection.

HMOs are responsible for provider payments of immunizations furnished to children enrolled in HMOs. Therefore, providers cannot be reimbursed by DMAS for immunizations provided to HMO enrolled children.

### Reimbursement for Children Ages 19 and 20

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Since EPSDT Federal regulations require states to provide coverage for vaccines for children up to the age of 21, and VFC provides coverage only up to the age of 19, there may be instances where the provider will provide immunizations to children who are ages 19 and 20. In these instances, the provider must use the appropriate CPT procedure code. DMAS will reimburse the acquisition cost for these vaccines. The charges in locator 24F of the HCFA 1500 (12-90) claim form must reflect the actual acquisition cost per dose. Providers should refer to Chapter V of the DMAS Physician Manual for further billing guidance.

#### Office Visits Billed in Conjunction with Immunizations

DMAS will reimburse physicians an appropriate minimal office visit in addition to the VFC administration fee (or acquisition cost for adolescents ages 19 and 20 only) when an immunization is the only service performed.

#### VFC Coverage of Other Vaccines

The VFC program covers other vaccines not included in the ACIP immunization schedule including single antigen vaccines. If the provider chooses to provide a single antigen vaccine, such as measles, mumps, or rubella, medical justification, which documents the medical necessity of providing a single antigen vaccine when the combined-antigen vaccine is available, must be attached to the claim. Claims for measles, mumps, or rubella vaccines will automatically pend for review by DMAS staff. The VFC Program also provides coverage for the pneumococcal and influenza vaccines for high-risk patients only. When ordering these vaccines through VFC, the provider must provide medical justification. DMAS will provide reimbursement for these vaccines only if they are reasonable and necessary for the prevention of illness. Medical justification does not need to be attached to the claim, but the physician's treatment plan on file in the patient's medical record must indicate that the vaccine was provided to prevent the occurrence of more serious illness in an individual "at risk".

#### VFC or Immunization Billing Questions

For questions relating specifically to the VFC program vaccines, contact the Virginia Department of Health Hotline at 1-800-568-1929. The VDH Hotline is available Monday through Friday from 7:00 a.m. to 5:00 p.m. For billing questions, contact the Medicaid Provider Help Line at 1-800-552-8627.

### **EPSDT REFERRALS**

When an EPSDT screening indicates the need for diagnosis or treatment for a suspected condition or abnormality, the physicians' progress notes must so indicate. The child may be referred for medically necessary specialty care or other health services if the PCP or screening provider is not able to provide the treatment. If the screening provider is not the child's PCP, the screening provider must contact the child's PCP to request a referral and authorization for the treatment or other services.

Children who need refraction and glasses for visual problems or who have medical eye problems may be referred to an ophthalmologist or optometrist for the indicated follow-up eye care and glasses. A referral from the child's PCP is required for these treatment services. All referrals

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must be documented in the child’s medical record.

A dated written referral must be given to the recipient or parents or forwarded to the referral service provider. The referral must include the following information:

- the name of the child
- the Medicaid ID number of the child
- the date of the screening
- the abnormality noted
- the name, address, telephone and fax number of the child’s PCP (if different from the screening provider)
- the physician or other Health Care Provider to whom this referral applies
- the signature of the PCP or referring provider

The PCP must follow up on all EPSDT referrals resulting from a screening to ensure that the child receives the requested treatment or other services within 60 days and document the results in the child’s medical record.

The Omnibus Budget Reconciliation Act of 1989 requires states to reimburse for medically necessary services not otherwise covered under the *State Plan* for Medicaid-eligible children up to the age of 21 when such services are needed to correct or ameliorate defects, and physical and mental illness and conditions discovered by the screening services, as long as the services are allowable under the *Social Security Act* 1905(a) and are pre-authorized by DMAS. Some non-*State Plan* services are available under Community Based Care Waivers. Providers may contact the DMAS Help Line for additional information at 1-800-552-8627.

## **OTHER RELATED PROGRAMS**

### Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC is a supplemental food and nutrition education program that provides vouchers for the purchase of specific nutritious foods and provides nutrition counseling to pregnant, postpartum, or breastfeeding women and children under age five with nutritional and financial needs. PCPs and EPSDT screening providers must refer Medicaid-eligible individuals in these categories to the local health department for additional information and eligibility determination.

### Head Start

Head Start is a federally funded pre-school program which serves low-income children and their families.

There are four major components in Head Start as follows:

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- Education—Head Start’s educational program is designed to meet the individual needs of each child. It also aims to meet the needs of the community served and its ethnic and cultural characteristics;
- Health—Head Start emphasizes the importance of early identification of health problems. Since many children of low-income families have never seen a doctor or dentist, Head Start provides every child with a comprehensive health care program, including medical, dental, mental health, and nutritional services. The comprehensive EPSDT screening will meet the requirements of the Head Start Program health assessment;
- Parent Involvement—Parents are the most important influence on a child’s development. Parents are encouraged to participate in the Head Start program as volunteers or paid staff as aides to teachers and other staff members. Many parents serve as members of Policy Councils and committees and have a voice in administrative and managerial decisions;
- Social Services—The social services component of Head Start represents an organized method of assisting families to assess their needs, and then providing those services that will build upon the individual strengths of families to meet those needs. Some of the activities that the social services staff use to assist families to meet their needs are: community outreach; referrals; family needs assessments; providing information about available community resources and how to obtain and use them; recruitment and enrollment of the children; and emergency assistance and/or crisis intervention.

### Early Intervention Program

Early intervention services are identified in the Part C amendment to the Individuals with Disabilities Education Act (IDEA). Part C provides for a discretionary grant program for states to plan, develop and implement a statewide, comprehensive, coordinated, interagency system of early intervention services to infants and toddlers with disabilities and their families.

PCPs and EPSDT screening providers must refer children under age three (3) with suspected developmental delay or with a diagnosed condition that may result in developmental delay to Infant & Toddler Connection of Virginia, Virginia’s early intervention program.

For more information, contact:

Infant & Toddler Connection of Virginia  
DMHMRSAS, 9<sup>th</sup> Floor  
1220 Bank Street  
PO Box 1797  
Richmond, Va. 23218-1797  
(804)786-3710  
(804)371-7959 Fax  
[www.infantva.org](http://www.infantva.org)

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### Smart Beginnings

Virginia's Plan for Smart Beginnings brings together the public agencies, private agencies and organizations that support Virginia's children and families to ensure that these efforts are both effective and well coordinated. The purpose of Virginia's Plan for Smart Beginnings is to build and sustain a system in Virginia to support parents and families as they prepare their children to arrive at kindergarten healthy and ready to succeed. More information regarding this program can be found at [www.smartbeginnings.org](http://www.smartbeginnings.org).

### **RECIPIENT APPEALS OF THE DENIAL OF SERVICES**

Any denial of a service decision made by DMAS staff may be appealed to the Department of Medical Assistance Services. This decision must be appealed in writing by the recipient or his or her legally appointed representative. If possible, please include a copy of the denial with the appeal request. All appeals must be filed within 30 days of the date of the final decision notification. Direct appeals to:

Appeals Division  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

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## **EXHIBITS**

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Appendix 1

## Virginia EPSDT Periodicity Chart

Age	Birth *	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	8 years	10 years	12 years	14 years	16 years	18 years	20 years		
<b>History, Measurements, Physical Exam Lab Tests and Anticipatory Guidance, etc.</b>	<b>Follow the AAP Recommendations for Preventive Pediatric Health Care</b>																						
<b>Mandatory Blood Lead Test</b>							<b>12 &amp; 24 months blood lead test</b>				<b>Lead test if no prior history</b>												
<b>Immunizations</b>	<b>Immunizations follow American Committee on Immunization Practices</b>																						
<b>Vision Screen</b>	<b>Follow the AAP Recommendations for Preventive Pediatric Health Care</b>																						
<b>Hearing Screen</b>	<b>Follow the AAP Recommendations for Preventive Pediatric Health Care</b>																						
<b>Developmental/ Behavioral Assessment</b>	<b>Follow the AAP Recommendations for Preventive Pediatric Health Care</b>																						
<b>Developmental Testing</b>							<b>Administered at the 9, 18, and 24 month visit</b>																
<b>Dental Services</b>							<b>12 M</b>						<b>Refer for dental services. Dental exams provided every 6 months</b>										
<b>Age</b>	Birth *	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	8 years	10 years	12 years	14 years	16 years	18 years	20 years		

\*Newborn care visits should occur according to the most current American Academy of Pediatrics guidelines. DMAS allows additional visits following hospital discharge in addition to both the newborn and one month visits.

## DMAS-353

## EPSDT MEDICAL HISTORY FORM

This form may be used in conjunction with the EPSDT Periodicity Schedule to document all components of screenings examination.

NAME \_\_\_\_\_ DOB \_\_\_\_\_

Check here if child is in  
foster care: \_\_\_\_\_

MOTHER'S NAME:	PHONE:	<u>Allergies:</u>
FATHER'S NAME:	PHONE:	
<u>Family Medical History:</u>		Hospitalizations/Surgery
Allergic Disorders:		
Blood Disorders:		
Cancer:		
Diabetes:		
Heart Disease/Hypertension:	Illnesses:	Date:
Seizure Disorder:		
Tuberculosis:		
Other(s):	Medications:	
Siblings:		
<u>Person Medical History:</u>  BIRTH DATA: WT: Length: Type of delivery  Apgar 1min _____ Feeding 5min _____	HC:	

**DMAS-353 A**  
**EPSDT SCREENING DOCUMENTATION FORM**

(N) = Normal or (-) negative findings. Abnormal or positive findings must be documented

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

AGE/DATE				
HT				
WT				
HC				
T P R				
FORMULA/DIET				
PERTINENT INTERVAL HISTORY				
EXAM				
Oral Inspection				
HEENT				
Chest				
Heart				
Gastrointestinal				
Genitourinary				
Musculoskeletal				
Endocrine				
Skin				
Lab				
Hematology (Hbg/Hct)				
Blood lead				
Urine				
Sickle Cell				
Other				
NUTRITION				
VISION SCREENING				
HEARING SCREENING				
REFER TO DENTIST				
GROWTH           AND DEVELOPMENT				
PERTINENT PROBLEMS/EXAM ABNORMALITIES				
IMPRESSION				
HEALTH   EDUCATION AND ANTICIPATORY GUIDANCE				
REFERRALS				
PHYSICIAN'S SIGNATURE:				
DATE				
NEXT SCREENING APPT				

## EPSDT SCREENING PROCEDURE CODES

DESCRIPTION	Age	CPT Code
<b>INITIAL SCREENINGS</b>		
NEWBORN CARE (outpatient)	Normal newborn care	99432
NEW PATIENT	less than 1 year of age	99381*
NEW PATIENT	1-4 years of age	99382*++
NEW PATIENT	5-11 years of age	99383*
NEW PATIENT	12-17 years of age	99384*
NEW PATIENT	18-20 years of age	99385*
<b>PERIODIC SCREENINGS</b>		
ESTABLISHED PATIENT	less than 1 year of age	99391*
ESTABLISHED PATIENT	1-4 years of age	99392*++
ESTABLISHED PATIENT	5-11 years of age	99393*
ESTABLISHED PATIENT	12-17 years of age	99394*
ESTABLISHED PATIENT	18-20 years of age	99395*
<b>DEVELOPMENTAL TESTING (Instrument, Interpretation/Report)</b>		
SCREENING	0-20	96110
EXTENDED	0-20	96111
<b>LEAD TESTING (Mandatory at 12 mos. and 24 mos. of age)</b>		
TESTING (by Lab)	0-20	83655
VENOUS SAMPLE	0-20	36415
CAPILLARY SAMPLE	0-20	36416
SPECIMEN HANDLING	0-20	99000
ENVIRONMENTAL INVESTIGATION	0-20	T1029
<b>VISION SCREENINGS</b>		
VISION	3-20 years of age	99173
<b>HEARING SCREENING</b>		
HEARING	0-20 years	92551

*Use of the appropriate CPT modifiers on the claim should be indicated as previously defined within this chapter or CPT.*

\*Use appropriate Immunization Codes for scheduled immunizations  
++ Lead Testing required at 12 and 24 months

**PRIMARY CARE PROVIDER REFERRAL FORM**

Instructions for Use: This referral is valid only if authorized by the MEDALLION client's Primary Care Provider and is valid only for the services and duration specified. Should additional referrals be necessary, the Primary Care Provider must authorize the referral. Please provide the Primary Care Provider with full documentation of diagnosis, treatment, and/or therapies ordered.

Name of MEDALLION Patient: \_\_\_\_\_

MEDALLION ID #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Referred to: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Visits Authorized: \_\_\_\_\_

Time Frame of Authorization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Primary Care Provider

\_\_\_\_\_  
MEDALLION ID #

\_\_\_\_\_  
Printed Name of Primary Care Provider

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_